

SCANNED / QC

HARLAN-CUMBERLAND COAL COMPANY, LLC.

GENERAL DELIVERY, US 421 SOUTH, GRAYS KNOB, KY 40829

Phone (606) 837-3791

Phone (606) 573-2232

December 26, 2007

Ms. Vickie Prather, Acting Supervisor
Division of Water, KPDES Branch
Inventory and Data Management Section
Frankfort Office Park
14 Reilly Road
Frankfort, Kentucky 40601

JAN 2 2008

RE: KPDES Permit
No.: KY0021539
Harlan County Kentucky

Dear Ms. Prather:

Enclosed is a "Renewal" for the above referenced KPDES permit(With Fee). Water samples from each pond were collected and are currently being analyzed. These sample results will be submitted as soon as they are completed.

Please contact me at (606) 837-3791 if you have any questions concerning this renewal.

Respectfully,

Brandon Wilson

Brandon Wilson

SCANNED / QC

HARLAN-CUMBERLAND COAL COMPANY, LLC.

PO Box 269, GRAYS KNOB, KY 40829

Phone (606) 837-3791

Phone (606) 573-2232

May 15, 2008

MAY 20 2008

Division of Water, KPDES Branch
Attn: Mr. Allen Ingram II
14 Reilly Road, Frankfort Office Park
Frankfort, Kentucky 40601

RE: KPDES Permit
No.: KY0021539
HARLAN County Kentucky

Dear Mr. Ingram:

Please find enclosed the corrections as requested for the KPDES permit listed above. The following items have been addressed.

- 1) Section V (A, B, and C) is now completed and attached.

Please contact me at (606) 837-3791 if you have any questions concerning this renewal.

Respectfully,

Brandon Wilson

Brandon Wilson

Harlan-Cumberland Coal Company

HARLAN-CUMBERLAND COAL COMPANY, LLC.

PO Box 269, GRAYS KNOB, KY 40829

Phone (606) 837-3791

Phone (606) 573-2232

July 31, 2008

Division of Water, KPDES Branch
Attn: Ms. Morgan Elliston
14 Reilly Road, Frankfort Office Park
Frankfort, Kentucky 40601



RE: KPDES Permit
No.: KY0021539
HARLAN County Kentucky

Dear Ms. Elliston:

Please find enclosed the corrections as requested for the KPDES permit listed above. The following items have been addressed.

- 1) Sections circled in red on Form C.

Please contact me at (606) 837-3791 if you have any questions concerning this renewal.

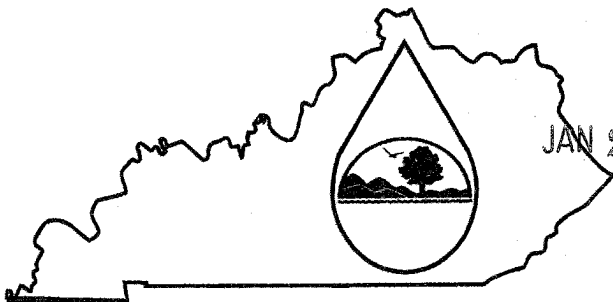
Respectfully,

Brandon Wilson

Harlan-Cumberland Coal Company

KPDES FORM 1

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



JAN 2 2008

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY							
		USE							
A. Name of business, municipality, company, etc. requesting permit Harlan Cumberland Coal Company, LLC									
B. Facility Name and Location					C. Facility Owner/Mailing Address				
Facility Location Name:					Owner Name:				
Harlan-Cumberland Coal Company, LLC					Harlan Cumberland Coal Company LLC				
Facility Location Address (i.e. street, road, etc.):					Mailing Street:				
Route 1 Box 374					General Delivery, US 421 South				
Facility Location City, State, Zip Code:					Mailing City, State, Zip Code:				
Evarts, Kentucky 40828					Grays Knob, Kentucky 40829				
					Telephone Number:				
					606-837-3791				

II. FACILITY DESCRIPTION			
A. Provide a brief description of activities, products, etc: This Facility is a Coal Preparation Plant. This facility is closed circuit system which utilizes a slurry impoundment structure and sediment pond for the processing of raw coal.			
B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description:		1221-Coal Preparation Plant & Impoundment	
Other SIC Codes:			

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located:	City where facility is located (if applicable):
Harlan	N/A
C. Body of water receiving discharge: Seagraves Creek of the Clover Fork of the Cumberland River	
D. Facility Site Latitude (degrees, minutes, seconds): 36-52-57	Facility Site Longitude (degrees, minutes, seconds): 83-06-58
E. Method used to obtain latitude & longitude (see instructions): USGS 7 1/2 Minute Quad	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

Harlan Cumberland Coal Company, LLC.

Telephone Number:

606-837-3791

Operator Mailing Address (Street):

Route 1 Box 374

Operator Mailing Address (City, State, Zip Code):

Evarts, KY 40828

Is the operator also the owner?

Yes ☒ No ☐

Is the operator certified? If yes, list certification class and number below.

Yes ☐ No ☐

Certification Class:

Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0021539

Issue Date of Current Permit:

July 1, 2004

Expiration Date of Current Permit:

June 30, 2008

Number of Times Permit Reissued:

3

Date of Original Permit Issuance:

Sept. 16, 1983

Sludge Disposal Permit Number:

N/A

Kentucky DOW Operational Permit #:

N/A

Kentucky DSMRE Permit Number(s):

848-8071

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	
Solid or Special Waste	N/A	
Hazardous Waste - Registration or Permit	N/A	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:		Harlan Cumberland Coal Company, LLC	
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)			
DMR Mailing Name:		same	
DMR Mailing Street:			
DMR Mailing City, State, Zip Code:			
DMR Official Telephone Number:			

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

Surface Mining Operation

Filing Fee Enclosed:

\$240.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

Joseph T. Bennett, Managing Member

TELEPHONE NUMBER (area code and number):

606-573-2232

SIGNATURE

Joe T Bennett

DATE:

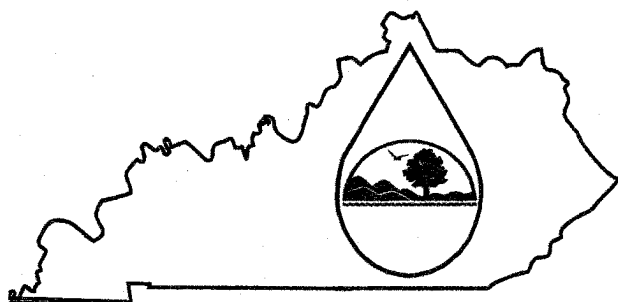
12/26/07

KPDES FORM C

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

JAN 2 2008

PERMIT APPLICATION



A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Harlan-Cumberland Coal Company, LLC.				County: Harlan			
I. OUTFALL LOCATION				AGENCY USE			

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
SG-1	36	53	34	83	06	57	Seagraves Creek
108	36	53	43	83	07	05	Seagraves Creek

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
SG-1	Preparation Plant	250 GPM	Sedimentation Pond	1-U
108	Unit Train Loadout	100 GPM	Sedimentation Pond	1-U

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.)

☒ No (Go to Section III.)

OUTFALL NUMBER	OPERATIONS CONTRIBUTING FLOW	FREQUENCY		FLOW				
		Days Per Week	Months Per Year	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	
(list)	(list)	(specify average)	(specify average)					

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ Yes (Complete Item III-B) List effluent guideline category:

☐ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C)

☒ No (Go to Section IV)

C. If you answered "Yes" to Item III-B, list the quantity which represents the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table)

☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐

Yes (List all such pollutants below)

☒

No (Go to Item VI-B)

--

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharge of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☐

Yes (Complete Item VI-C)

☒

No (Go to Item VII)

C. If you answered "Yes" to Item VI-B, explain below and describe in detail to the best of your ability at this time the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years. Continue on additional sheets if you need more space.

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VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge of or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (Identify the test(s) and describe their purposes below)

☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

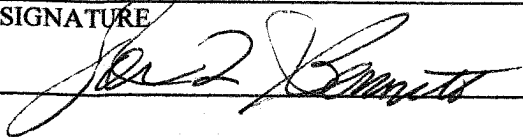
☒ Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below)

☐ No (Go to Section IX)

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
ENVIRONMENTAL & ENERGY SERVICES, INC.	309 RIVER STREET SUITE 2 HARLAN KENTUCKY 40831	606-573-2552	Flow, pH, total suspended solids, total iron, total mangan- ese, total hardness, sulfates Antimony, Arsenic, Beryllium, Cadmium, Chromium (Total) Copper, Lead, Mercury, Nickel, Selenium, Silver, Thallium, Zinc, Cyanide, Phenols

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Joe T. Bennett, Member	(606) 837 - 3791
SIGNATURE	DATE
	12/26/07

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C)										OUTFALL NO. SG-1		
Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.												
1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)			
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No of Analyses
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Biochemical Oxygen Demand (BOD)												
b. Chemical Oxygen Demand (COD)												
c. Total Organic Carbon (TOC)												
d. Total Suspended Solids (TSS)	7	58.40	N/A	N/A	N/A	N/A	2	PPM	LBS/MG			
e. Ammonia (as N)												
f. Flow (in units of MGD)	VALUE 0.004		VALUE		VALUE		2	MGD		VALUE		
g. Temperature (winter)	VALUE 34 ° F		VALUE		VALUE			°c		VALUE		
h. Temperature (summer)	VALUE 73 ° F		VALUE		VALUE			°c		VALUE		
i. pH	MINIMUM 7.58	MAXIMUM 8.31	MINIMUM	MAXIMUM			2	STANDARD UNITS				

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		6. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Bromide (24959-67-9)		X												
b. Bromine Total Residual		X												
c. Chloride		X												
d. Chlorine, Total Residual		X												
e. Color		X												
f. Fecal Coliform		X												
g. Fluoride (16984-48-8)		X												
h. Hardness (as CaCO ₃)	X		80	668					2	PPM	#/MG			
i. Nitrate – Nitrite (as N)		X												
j. Nitrogen, Total Organic (as N)		X												
k. Oil and Grease		X												
l. Phosphorous (as P), Total 7723-14-0		X												
m. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium Total		X												
(4) Radium, 226, Total		X												

Part B – Continued														
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a.		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a.		b. No. of Analyses
			Maximum Daily Value		(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				Long-Term Avg. Value		
			(1) Concentration	(2) Mass								(1) Concentration	(2) Mass	
n. Sulfate (as SO ₄) (14808-79-8)	X		160	1336					2	PPM	#/MG			
o. Sulfide (as S)		X												
p. Sulfite (as SO ₃) (14286-46-3)		X												
q. Surfactants		X												
r. Aluminum, Total (7429-90)		X												
s. Barium, Total (7440-39-3)		X												
t. Boron, Total (7440-42-8)		X												
u. Cobalt, Total (7440-48-4)		X												
v. Iron, Total (7439-89-6)	X		0.03	0.25					2	PPM	#/MG			
w. Magnesium Total (7439-96-4)		X												
x. Molybdenum Total (7439-98-7)		X												
y. Manganese, Total (7439-96-6)	X		0.0	0.00					2	PPM	#/MG			
z. Tin, Total (7440-31-5)		X												
aa. Titanium, Total (7440-32-6)		X												

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark “X” in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark “X” in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark “X” in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

One table (all seven pages) for each obtain. See instructions for additional details and requirements.																	
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses		
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)			
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass			
METALS, CYANIDE AND TOTAL PHENOLS																	
1M. Antimony Total (7440-36-0)	X			<0.002	<0.02					2	PPM	#MG					
2M. Arsenic, Total (7440-38-2)	X			<0.002	<0.02					2	PPM	#MG					
3M. Beryllium Total (7440-41-7)	X			<0.002	<0.02					2	PPM	#MG					
4M. Cadmium Total (7440-43-9)	X			<0.002	<0.02					2	PPM	#MG					
5M. Chromium Total (7440-43-9)	X			<0.002	<0.02					2	PPM	#MG					
6M. Copper Total (7550-50-8)	X			<0.002	<0.02					2	PPM	#MG					
7M. Lead Total (7439-92-1)	X			<0.002	<0.02					2	PPM	#MG					
8M. Mercury Total (7439-97-6)	X			<0.0002	<.002					2	PPM	#MG					
9M. Nickel, Total (7440-02-0)	X			<0.002	<0.02					2	PPM	#MG					
10M. Selenium, Total (7782-49-2)	X			<0.002	<0.02					2	PPM	#MG					
11M. Silver, Total (7440-28-0)	X			<0.002	<0.02					2	PPM	#MG					

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses	
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass		
METALS, CYANIDE AND TOTAL PHENOLS (Continued)																
12M. Thallium, Total (7440-28-0)	X			<0.002	<0.02					2	PPM	#MG				
13M. Zinc, Total (7440-66-6)	X			<0.002	<0.02					2	PPM	#MG				
14M. Cyanide, Total (57-12-5)	X			<0.02	<0.17					2	PPM	#MG				
15M. Phenols, Total	X			<0.05	<0.42					2	PPM	#MG				
DIOXIN																
2,3,7,8 Tetra- chlorodibenzo, P, Dioxin (1784-01-6)			X	DESCRIBE RESULTS:												
GC/MS FRACTION – VOLATILE COMPOUNDS																
1V. Acrolein (107-02-8)			X													
2V. Acrylonitrile (107-13-1)			X													
3V. Benzene (71-43-2)			X													
5V. Bromoform (75-25-2)			X													
6V. Carbon Tetrachloride (56-23-5)			X													
7V. Chloro- benzene (108-90-7)			X													
8V. Chlorodibro- momethane (124-48-1)			X													

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
9V. Chloroethane (74-00-3)			X												
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro- bromomethane (75-71-8)			X												
14V. 1,1- Dichloroethane (75-34-3)			X												
15V. 1,2- Dichloroethane (107-06-2)			X												
16V. 1,1- Dichlorethylene (75-35-4)			X												
17V. 1,2-Di- chloropropane (78-87-5)			X												
18V. 1,3- Dichloropro- pylene (452-75-6)			X												
19V. Ethyl- benzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												

Part C -- Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
21V. Methyl Chloride (74-87-3)			X												
22V. Methylene Chloride (75-00-2)			X												
23V. 1,1,2,2- Tetrachloro- ethane (79-34-5)			X												
24V. Tetrachloro- ethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans- Dichloro- ethylene (156-60-5)			X												
27V. 1,1,1,1-Trichloroethane (71-55-6)			X												
28V. 1,1,2-Trichloroethane (79-00-5)			X												
29V. Trichloro- ethylene (79-01-6)			X												
30V. Vinyl Chloride (75-01-4)			X												

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses	
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)		
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	Concentration	Mass
GC/MS FRACTION – ACID COMPOUNDS																
1A. 2-Chloro-phenol (95-57-8)			X													
2A. 2,4-Dichlor-Orophenol (120-83-2)			X													
3A. 2,4-Dimeth-ylphenol (105-67-9)			X													
4A. 4,6-Dinitro-o-cresol (534-52-1)			X													
5A. 2,4-Dinitro-phenol (51-28-5)			X													
6A. 2-Nitro-phenol (88-75-5)			X													
7A. 4-Nitro-phenol (100-02-7)			X													
8A. P-chloro-m-cresol (59-50-7)			X													
9A. Pentachloro-phenol (87-88-5)			X													
10A. Phenol (108-05-2)			X													
11A. 2,4,6-Tri-chlorophenol (88-06-2)			X													
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS																
1B. Acena-phthene (83-32-9)			X													

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B. Acena- phtylene (208-96-8)			X												
3B. Anthra- cene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo(a)- anthracene (56-55-3)			X												
6B. Benzo(a)- pyrene (50-32-8)			X												
7B. 3,4-Benzo- fluoranthene (205-99-2)			X												
8B. Benzo(ghi) perylene (191-24-2)			X												
9B. Benzo(k)- fluoranthene (207-08-9)			X												
10B. Bis(2- chlor- oethoxy)- methane (111-91-1)			X												
11B. Bis (2-chlor- oisopropyl)- Ether			X												
12B. Bis (2-ethyl- hexyl)- phthalate (117-81-7)			X												

Part C -- Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
GC/MS FRACTION -- BASE/NEUTRAL COMPOUNDS (Continued)															
13B. 4-Bromo-phenyl Phenyl ether (101-55-3)			X												
14B. Butyl-benzyl phthalate (85-68-7)			X												
15B. 2-Chloro-naphthalene (7005-72-3)			X												
16B. 4-Chloro-phenyl phenyl ether (7005-72-3)			X												
17B. Chrysene (218-01-9)			X												
18B. Dibenzo-(a,h) Anthracene (53-70-3)			X												
19B. 1,2-Dichloro-benzene (95-50-1)			X												
20B. 1,3-Dichloro-Benzene (541-73-1)			X												
21B. 1,4-Dichloro-benzene (106-46-7)			X												
22B. 3,3-Dichloro-benzidene (91-94-1)			X												
23B. Diethyl Phthalate (84-66-2)			X												

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	Concentration
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
24B. Dimethyl Phthalate (131-11-3)			X												
25B. Di-N- butyl Phthalate (84-74-2)			X												
26B. 2,4-Dinitro- toluene (121-14-2)			X												
27B. 2,6-Dinitro- toluene (606-20-2)			X												
28B. Di-n-octyl Phthalate (117-84-0)			X												
29B. 1,2- diphenyl- hydrazine (as azonbenzene) (122-66-7)			X												
30B. Fluoranthene (208-44-0)			X												
31B. Fluorene (86-73-7)			X												
32B. Hexachloro- benzene (118-71-1)			X												
33B. Hexachloro- butadiene (87-68-3)			X												
34B. Hexachloro- cyclopenta- diene (77-47-4)			X												

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses	
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)		
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass		
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)																
35B. Hexachloroethane (67-72-1)			X													
36B. Indneo-(1,2,3-oc)-Pyrene (193-39-5)			X													
37B. Isophorone (78-59-1)			X													
38B. Napthalene (91-20-3)			X													
39B. Nitrobenzene (98-95-3)			X													
40B. N-Nitroso-dimethylamine (62-75-9)			X													
41B. N-nitrosodi-n-propylamine (621-64-7)			X													
42B. N-nitro-sodiphenylamine (86-30-6)			X													
43B. Phenanthrene (85-01-8)			X													
44B. Pyrene (129-00-0)			X													
45B. 1,2,4 Trichlorobenzene (120-82-1)			X													

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses	
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)		
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass		
GC/MS FRACTION – PESTICIDES																
1P. Aldrin (309-00-2)			X													
2P. α-BHC (319-84-6)			X													
3P. β-BHC (58-89-9)			X													
4P. gamma-BHC (58-89-9)			X													
5P. δ-BHC (319-86-8)			X													
6P. Chlordane (57-74-9)			X													
7P. 4,4'-DDT (50-29-3)			X													
8P. 4,4'-DDE (72-55-9)			X													
9P. 4,4'-DDD (72-54-8)			X													
10P. Dieldrin (60-57-1)			X													
11P. α- Endosulfan (115-29-7)			X													
12P. β- Endosulfan (115-29-7)			X													
13P. Endosulfan Sulfate (1031-07-8)			X													
14P. Endrin (72-20-8)			X													

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses	
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)		
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass		
GC/MS FRACTION – PESTICIDES																
15P. Endrin Aldehyde (7421-93-4)			X													
16P. Heptachlor (76-44-8)			X													
17P. Heptaclor Epoxide (1024-57-3)			X													
18P. PCB-1242 (53469-21-9)			X													
19P. PCB-1254 (11097-69-1)			X													
20P. PCB-1221 (11104-28-2)			X													
21P. PCB-1232 (11141-16-5)			X													
22P. PCB-1248 (12672-29-6)			X													
23P. PCB-1260 (11096-82-5)			X													
24P. PCB-1016 (12674-11-2)			X													
25P. Toxaphene (8001-35-2)			X													

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C)										OUTFALL NO. 108		
Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.												
1. POLLUTANT	2. EFFLUENT							3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No of Analyses
	(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
	Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
a. Biochemical Oxygen Demand (BOD)												
b. Chemical Oxygen Demand (COD)												
c. Total Organic Carbon (TOC)												
d. Total Suspended Solids (TSS)	33	275.55	N/A	N/A	N/A	N/A	2	PPM	LBS/MG			
e. Ammonia (as N)												
f. Flow (in units of MGD)	VALUE 0.004		VALUE		VALUE		2	MGD		VALUE		
g. Temperature (winter)	VALUE 34 °F		VALUE		VALUE			°C		VALUE		
h. Temperature (summer)	VALUE 73 °F		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 7.58	MAXIMUM 8.31	MINIMUM	MAXIMUM			2	STANDARD UNITS				

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT								4. UNITS		6. INTAKE (optional)		
	a.	b.	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses		a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
	Believed Present	Believed Absent	(1)	(2)	(1)	(2)	(1)	(2)					(1)	(2)	
			Concentration	Mass	Concentration	Mass	Concentration	Mass					Concentration	Mass	
a. Bromide (24959-67-9)		X													
b. Bromine Total Residual		X													
c. Chloride		X													
d. Chlorine, Total Residual		X													
e. Color		X													
f. Fecal Coliform		X													
g. Fluoride (16984-48-8)		X													
h. Hardness (as CaCO ₃)	X		80	668					2		PPM	#/MG			
i. Nitrate – Nitrite (as N)		X													
j. Nitrogen, Total Organic (as N)		X													
k. Oil and Grease		X													
l. Phosphorous (as P), Total 7723-14-0		X													
m. Radioactivity															
(1) Alpha, Total		X													
(2) Beta, Total		X													
(3) Radium Total		X													
(4) Radium, 226, Total		X													

Part B – Continued														
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
n. Sulfate (as SO ₄) (14808-79-8)	X		300	2505					2	PPM	#/MG			
o. Sulfide (as S)		X												
p. Sulfite (as SO ₃) (14286-46-3)		X												
q. Surfactants		X												
r. Aluminum, Total (7429-90)		X												
s. Barium, Total (7440-39-3)		X												
t. Boron, Total (7440-42-8)		X												
u. Cobalt, Total (7440-48-4)		X												
v. Iron, Total (7439-89-6)	X		0.07	0.58					2	PPM	#/MG			
w. Magnesium Total (7439-96-4)		X												
x. Molybdenum Total (7439-98-7)		X												
y. Manganese, Total (7439-96-6)	X		0.3	2.50					2	PPM	#/MG			
z. Tin, Total (7440-31-5)		X												
aa. Titanium, Total (7440-32-6)		X												

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark "X" in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

one table (all seven pages) for each outfall. See instructions for additional details and requirements.																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses	
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)		
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass		
METALS, CYANIDE AND TOTAL PHENOLS																
1M. Antimony Total (7440-36-0)	X			<0.002	<0.02					2	PPM	#MG				
2M. Arsenic, Total (7440-38-2)	X			<0.002	<0.02					2	PPM	#MG				
3M. Beryllium Total (7440-41-7)	X			<0.002	<0.02					2	PPM	#MG				
4M. Cadmium Total (7440-43-9)	X			<0.002	<0.02					2	PPM	#MG				
5M. Chromium Total (7440-43-9)	X			<0.002	<0.02					2	PPM	#MG				
6M. Copper Total (7550-50-8)	X			<0.002	<0.02					2	PPM	#MG				
7M. Lead Total (7439-92-1)	X			<0.002	<0.02					2	PPM	#MG				
8M. Mercury Total (7439-97-6)	X			<0.0002	<.002					2	PPM	#MG				
9M. Nickel, Total (7440-02-0)	X			<0.002	<0.02					2	PPM	#MG				
10M. Selenium, Total (7782-49-2)	X			<0.002	<0.02					2	PPM	#MG				
11M. Silver, Total (7440-28-0)	X			<0.002	<0.02					2	PPM	#MG				

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses	
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass		
																(1) Concentration
METALS, CYANIDE AND TOTAL PHENOLS (Continued)																
12M. Thallium, Total (7440-28-0)	X			<0.002	<0.02					2	PPM	#MG				
13M. Zinc, Total (7440-66-6)	X			<0.002	<0.02					2	PPM	#MG				
14M. Cyanide, Total (57-12-5)	X			<0.02	<0.17					2	PPM	#MG				
15M. Phenols, Total	X			<0.05	<0.42					2	PPM	#MG				
DIOXIN																
2,3,7,8 Tetra- chlorodibenzo, P, Dioxin (1784-01-6)			X	DESCRIBE RESULTS:												
GC/MS FRACTION – VOLATILE COMPOUNDS																
1V. Acrolein (107-02-8)			X													
2V. Acrylonitrile (107-13-1)			X													
3V. Benzene (71-43-2)			X													
5V. Bromoform (75-25-2)			X													
6V. Carbon Tetrachloride (56-23-5)			X													
7V. Chloro- benzene (108-90-7)			X													
8V. Chlorodibro- momethane (124-48-1)			X													

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a.		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a.		b. No. of Analyses
				Maximum Daily Value									Long-Term Avg Value		
				(1) Concentration	(2) Mass	(1)	(2)	(1)	(2)				(1)	(2)	
9V. Chloroethane (74-00-3)			X												
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro- bromomethane (75-71-8)			X												
14V. 1,1- Dichloroethane (75-34-3)			X												
15V. 1,2- Dichloroethane (107-06-2)			X												
16V. 1,1- Dichlorethylene (75-35-4)			X												
17V. 1,2-Di- chloropropane (78-87-5)			X												
18V. 1,3- Dichloropro- pylene (452-75-6)			X												
19V. Ethyl- benzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												

Part C - Continued

Part C – Continued																	
1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses		
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)			
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass			
21V. Methyl Chloride (74-87-3)			X														
22V. Methylene Chloride (75-00-2)			X														
23V. 1,1,2,2- Tetrachloro- ethane (79-34-5)			X														
24V. Tetrachloro- ethylene (127-18-4)			X														
25V. Toluene (108-88-3)			X														
26V. 1,2-Trans- Dichloro- ethylene (156-60-5)			X														
27V. 1,1,1-Tri- chloroethane (71-55-6)			X														
28V. 1,1,2-Tri- chloroethane (79-00-5)			X														
29V. Trichloro- ethylene (79-01-6)			X														
30V. Vinyl Chloride (75-01-4)			X														

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a.		b. Maximum 30-Day		c. Long-Term Avg.		d. No. of Analyses	a. Concentration	b. Mass	a.		b. No. of Analyses	
				Maximum Daily Value		Value (if available)		Value (if available)					Long-Term Avg Value			
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass
GC/MS FRACTION – ACID COMPOUNDS																
1A. 2-Chloro-phenol (95-57-8)			X													
2A. 2,4-Dichlor-Orophenol (120-83-2)			X													
3A. 2,4-Dimeth-ylphenol (105-67-9)			X													
4A. 4,6-Dinitro-o-cresol (534-52-1)			X													
5A. 2,4-Dinitro-phenol (51-28-5)			X													
6A. 2-Nitro-phenol (88-75-5)			X													
7A. 4-Nitro-phenol (100-02-7)			X													
8A. P-chloro-m-cresol (59-50-7)			X													
9A. Pentachloro-phenol (87-88-5)			X													
10A. Phenol (108-05-2)			X													
11A. 2,4,6-Tri-chlorophenol (88-06-2)			X													
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS																
1B. Acena-phthene (83-32-9)			X													

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B. Acena- phtylene (208-96-8)			X												
3B. Anthra- cene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo(a)- anthracene (56-55-3)			X												
6B. Benzo(a)- pyrene (50-32-8)			X												
7B. 3,4-Benzo- fluoranthene (205-99-2)			X												
8B. Benzo(ghi) perylene (191-24-2)			X												
9B. Benzo(k)- fluoranthene (207-08-9)			X												
10B. Bis(2- chlor- oethoxy)- methane (111-91-1)			X												
11B. Bis (2-chlor- oisopropyl)- Ether			X												
12B. Bis (2-ethyl- hexyl)- phthalate (117-81-7)			X												

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)	
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				a. Long-Term Avg Value		
													(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B. 4-Bromo-phenyl Phenyl ether (101-55-3)			X												
14B. Butyl-benzyl phthalate (85-68-7)			X												
15B. 2-Chloro-naphthalene (7005-72-3)			X												
16B. 4-Chloro-phenyl phenyl ether (7005-72-3)			X												
17B. Chrysene (218-01-9)			X												
18B. Dibenzo-(a,h) Anthracene (53-70-3)			X												
19B. 1,2-Dichloro-benzene (95-50-1)			X												
20B. 1,3-Dichloro-Benzene (541-73-1)			X												
21B. 1,4-Dichloro-benzene (106-46-7)			X												
22B. 3,3-Dichloro-benzidene (91-94-1)			X												
23B. Diethyl Phthalate (84-66-2)			X												

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a.		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a.		b. No. of Analyses
				Maximum Daily Value		Value (if available)		Value (if available)					Long-Term Avg. Value		
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
24B. Dimethyl Phthalate (131-11-3)			X												
25B. Di-N- butyl Phthalate (84-74-2)			X												
26B. 2,4-Dinitro- toluene (121-14-2)			X												
27B. 2,6-Dinitro- toluene (606-20-2)			X												
28B. Di-n-octyl Phthalate (117-84-0)			X												
29B. 1,2- diphenyl- hydrazine (as azonbenzene) (122-66-7)			X												
30B. Fluoranthene (208-44-0)			X												
31B. Fluorene (86-73-7)			X												
32B. Hexachloro- benzene (118-71-1)			X												
33B. Hexachloro- butadiene (87-68-3)			X												
34B. Hexachloro- cyclopenta- diene (77-47-4)			X												

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
35B. Hexachloroethane (67-72-1)			X												
36B. Indneo-(1,2,3-oc)-Pyrene (193-39-5)			X												
37B. Isophorone (78-59-1)			X												
38B. Napthalene (91-20-3)			X												
39B. Nitrobenzene (98-95-3)			X												
40B. N-Nitroso-dimethyl-amine (62-75-9)			X												
41B. N-nitrosodi-n-propylamine (621-64-7)			X												
42B. N-nitro-sodiphenyl-amine (86-30-6)			X												
43B. Phenanthrene (85-01-8)			X												
44B. Pyrene (129-00-0)			X												
45B. 1,2,4 Tri-chloro-benzene (120-82-1)			X												

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses	
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)		
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	Concentration	Mass
GC/MS FRACTION – PESTICIDES																
1P. Aldrin (309-00-2)			X													
2P. α-BHC (319-84-6)			X													
3P. β-BHC (58-89-9)			X													
4P. gamma-BHC (58-89-9)			X													
5P. δ-BHC (319-86-8)			X													
6P. Chlordane (57-74-9)			X													
7P. 4,4'-DDT (50-29-3)			X													
8P. 4,4'-DDE (72-55-9)			X													
9P. 4,4'-DDD (72-54-8)			X													
10P. Dieldrin (60-57-1)			X													
11P. α- Endosulfan (115-29-7)			X													
12P. β- Endosulfan (115-29-7)			X													
13P. Endosulfan Sulfate (1031-07-8)			X													
14P. Endrin (72-20-8)			X													

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a.		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a.		b. No. of Analyses	
				Maximum Daily Value		Value (if available)		Value (if available)					Long-Term Avg Value			
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass		
GC/MS FRACTION – PESTICIDES																
15P. Endrin Aldehyde (7421-93-4)			X													
16P. Heptachlor (76-44-8)			X													
17P. Heptachlor Epoxide (1024-57-3)			X													
18P. PCB-1242 (53469-21-9)			X													
19P. PCB-1254 (11097-69-1)			X													
20P. PCB-1221 (11104-28-2)			X													
21P. PCB-1232 (11141-16-5)			X													
22P. PCB-1248 (12672-29-6)			X													
23P. PCB-1260 (11096-82-5)			X													
24P. PCB-1016 (12674-11-2)			X													
25P. Toxaphene (8001-35-2)			X													

**HARLAN-CUMBERLAND
COAL COMPANY, LLC.**
HIGHSPLINT DIVISION

KPDES PERMIT KY0021539
DSMR PERMIT 848-8071
KPDES POINTS 108 & SG-1
SCALE: 1" = 2000'

LEGEND

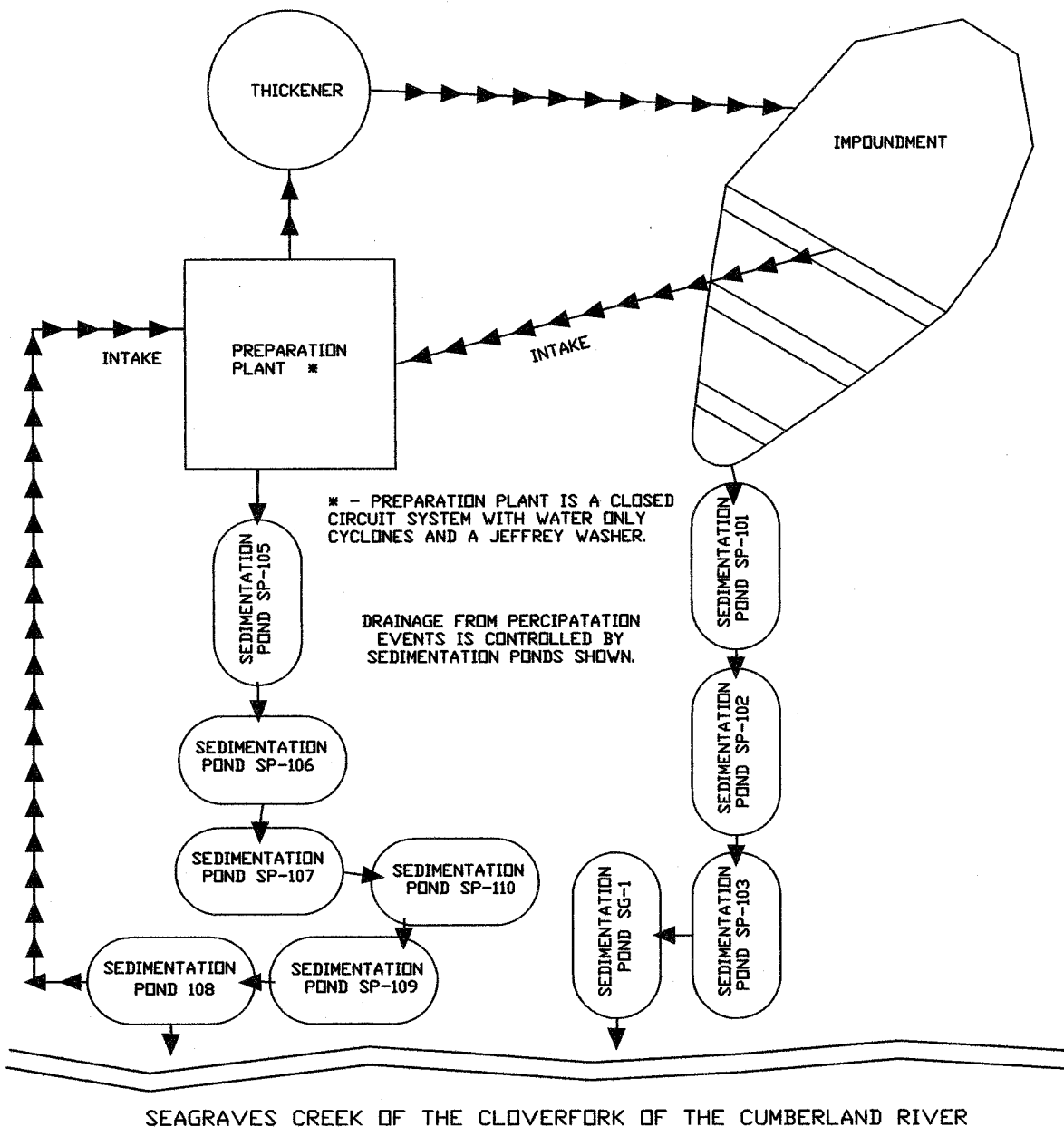
- EROSION/SCOUR/CHANNEL POINT
- 1 HARLAN-CUMBERLAND COAL COMPANY, LLC.
- 2 SCOTT HARRIS
- 3 CHARLES FIDELL
- 4 BILL SCHULDER

LOUELLEN QUADRANGLE

CERTIFICATION

I, William R. Palmer, 13784, 12-20-07
hereby certify, in accordance with 405 KAR 7:040, Section 10, that
this document is correct as determined by accepted engineering
practices and includes all information required of it by KRS Chapter
350 and KAR Title 405.





COMPANY: HARLAN-CUMBERLAND COAL COMPANY, LLC. ADDRESS GENERAL DELIVERY, US 421 SOUTH, GRAYS KNOB, KY 40829

COUNTY HARLAN NEAREST STREAM SEAGRAVES CREEK QUADRANGLE LOUELLEN

NPDES NO: KY0021539 DSMRE NO: 848-8071 OTHER: N/A

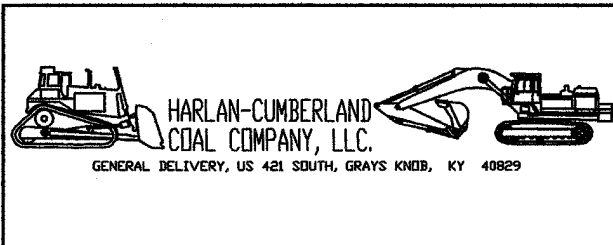
KPDES POINTS: SG-1 108

NEW REISSUANCE OF PERMIT XXX CONSTRUCTION

I, HEREBY CERTIFY THAT THE ABOVE PLAT IS ACCURATE AND CORRECT AND SATISFIES THE REQUIREMENTS OF 805 KAR 1.030 TO THE BEST OF MY KNOWLEDGE AND BELIEF.

William R. Palmer 13784
SIGNATURE REGISTRATION NOS.

Mike Palmer 7/15/04 12-20-07
NAME DATE



FILE NAME: KPDES.DWG

DATE 12/10/07

DRAWN BY: B. WILSON

HARLAN-CUMBERLAND COAL COMPANY, LLC.

GENERAL DELIVERY, US 421 SOUTH, GRAYS KNOB, KY 40829

Phone (606) 837-3791

Phone (606) 573-2232

December 26, 2007

Ms. Vickie Prather, Acting Supervisor
Division of Water, KPDES Branch
Inventory and Data Management Section
Frankfort Office Park
14 Reilly Road
Frankfort, Kentucky 40601

RE: KPDES Permit
No.: KY0021539
Harlan County Kentucky

Dear Ms. Prather:

Enclosed is a "Renewal" for the above referenced KPDES permit(With Fee). Water samples from each pond were collected and are currently being analyzed. These sample results will be submitted as soon as they are completed.

Please contact me at (606) 837-3791 if you have any questions concerning this renewal.

Respectfully,

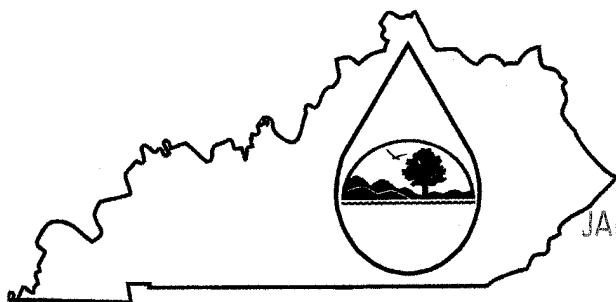
Brandon Wilson

Brandon Wilson

KPDES FORM 1

AI: 1737

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



JAN 2 2008

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

\$240.00

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE		0	0	2	1	5	3	9
A. Name of business, municipality, company, etc. requesting permit Harlan Cumberland Coal Company, LLC										
B. Facility Name and Location						C. Facility Owner/Mailing Address				
Facility Location Name:						Owner Name:				
Harlan-Cumberland Coal Company, LLC.						Harlan Cumberland Coal Company LLC				
Facility Location Address (i.e. street, road, etc.):						Mailing Street:				
Route 1 Box 374						General Delivery, US 421 South (P.O. Box 269)				
Facility Location City, State, Zip Code:						Mailing City, State, Zip Code:				
Evarts, Kentucky 40828						Grays Knob, Kentucky 40829				
						Telephone Number:				
						606-837-3791				

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: This Facility is a Coal Preparation Plant. This facility is closed circuit system wch utilizes a slurry impoundment structure and sediment pond for the processing of raw coal.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	1221-Coal Preparation Plant & Impoundment		
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Harlan	City where facility is located (if applicable): N/A
C. Body of water receiving discharge: Seagraves Creek of the Clover Fork of the Cumberland River	
D. Facility Site Latitude (degrees, minutes, seconds): 36-52-57	Facility Site Longitude (degrees, minutes, seconds): 83-06-58
E. Method used to obtain latitude & longitude (see instructions): USGS 7 1/2 Minute Quad	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

Harlan Cumberland Coal Company, LLC.

Telephone Number:

606-837-3791

Operator Mailing Address (Street):

Route 1 Box 374

Operator Mailing Address (City, State, Zip Code):

Evarts, KY 40828

Is the operator also the owner?

Yes ☒ No ☐

Is the operator certified? If yes, list certification class and number below.

Yes ☐ No ☐

Certification Class:

Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0021539

Issue Date of Current Permit:

July 1, 2004

Expiration Date of Current Permit:

June 30, 2008

Number of Times Permit Reissued:

3

Date of Original Permit Issuance:

Sept, 16, 1983

Sludge Disposal Permit Number:

N/A

Kentucky DOW Operational Permit #:

N/A

Kentucky DSMRE Permit Number(s):

848-8071

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	
Solid or Special Waste	N/A	
Hazardous Waste - Registration or Permit	N/A	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:		Harlan Cumberland Coal Company, LLC	
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)			
DMR Mailing Name:		same	
DMR Mailing Street:			
DMR Mailing City, State, Zip Code:			
DMR Official Telephone Number:			

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

Surface Mining Operation

Filing Fee Enclosed:

\$240.00

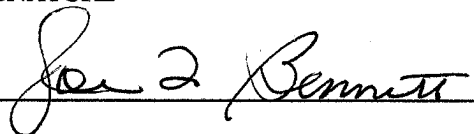
VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

Joseph T. Bennett, Managing Member

SIGNATURE



TELEPHONE NUMBER (area code and number):

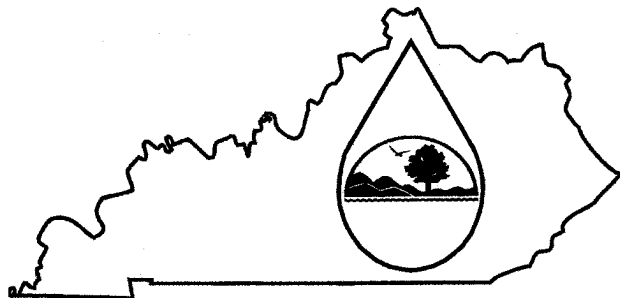
606-573-2232

DATE:

12/26/07

KPDES FORM C

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



JAN 2 2008

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Harlan-Cumberland Coal Company, LLC.	County: Harlan
I. OUTFALL LOCATION	AGENCY USE

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
SG-1	36	53	34	83	06	57	Seagraves Creek
108	36	53	43	83	07	05	Seagraves Creek

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
SG-1	Preparation Plant	250 GPM	Sedimentation Pond	1-U
108	Unit Train Loadout	100 GPM	Sedimentation Pond	1-U

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.)

☒ No (Go to Section III.)

OUTFALL NUMBER	OPERATIONS CONTRIBUTING FLOW	FREQUENCY		FLOW					
		Days Per Week	Months Per Year	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)	
		(specify average)	(specify average)	Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily		
(list)	(list)								

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ Yes (Complete Item III-B) List effluent guideline category:

☐ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C)

☒ No (Go to Section IV)

C. If you answered "Yes" to Item III-B, list the quantity which represents the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table)

☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐

Yes (List all such pollutants below)

☒

No (Go to Item VI-B)

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharge of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☐

Yes (Complete Item VI-C)

☒

No (Go to Item VII)

C. If you answered "Yes" to Item VI-B, explain below and describe in detail to the best of your ability at this time the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years. Continue on additional sheets if you need more space.

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge of or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (Identify the test(s) and describe their purposes below)

☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

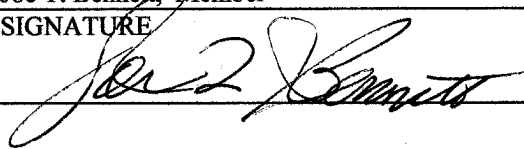
☒ Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below)

☐ No (Go to Section IX)

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
ENVIRONMENTAL & ENERGY SERVICES, INC.	309 RIVER STREET SUITE 2 HARLAN KENTUCKY 40831	606-573-2552	Flow, pH, total suspended solids, total iron, total mangan- ese, total hardness, sulfates Antimony, Arsenic, Beryllium, Cadmium, Chromium (Total) Copper, Lead, Mercury, Nickel, Selenium, Silver, Thallium, Zinc, Cyanide, Phenols

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Joe T. Bennett, Member	(606) 837 - 3791
SIGNATURE	DATE
	12/26/07

**HARLAN-CUMBERLAND
COAL COMPANY, LLC.**

HIGHSPUNT DIVISION

KPDES PERMIT KY0021539

DSMRE PERMIT 848-8071

KPDES POINTS 108 & SG-1

SCALE: 1" = 2000'

LEGEND

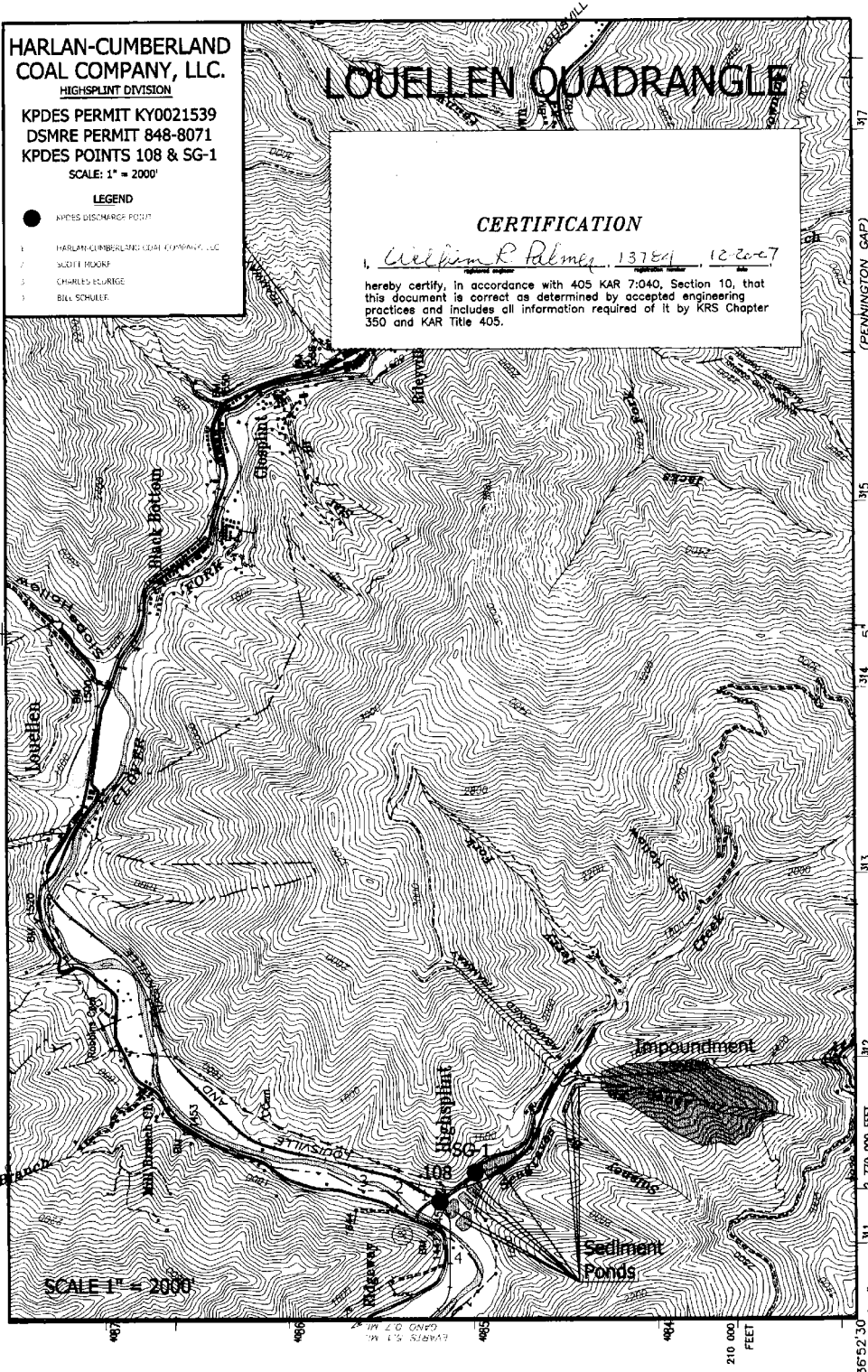
- KPDES DISCHARGE POINT
- 1 HARLAN-CUMBERLAND COAL COMPANY, LLC
- 2 SLOTTED HOOD
- 3 CHARLES COURAGE
- 4 BILL SCHUELE

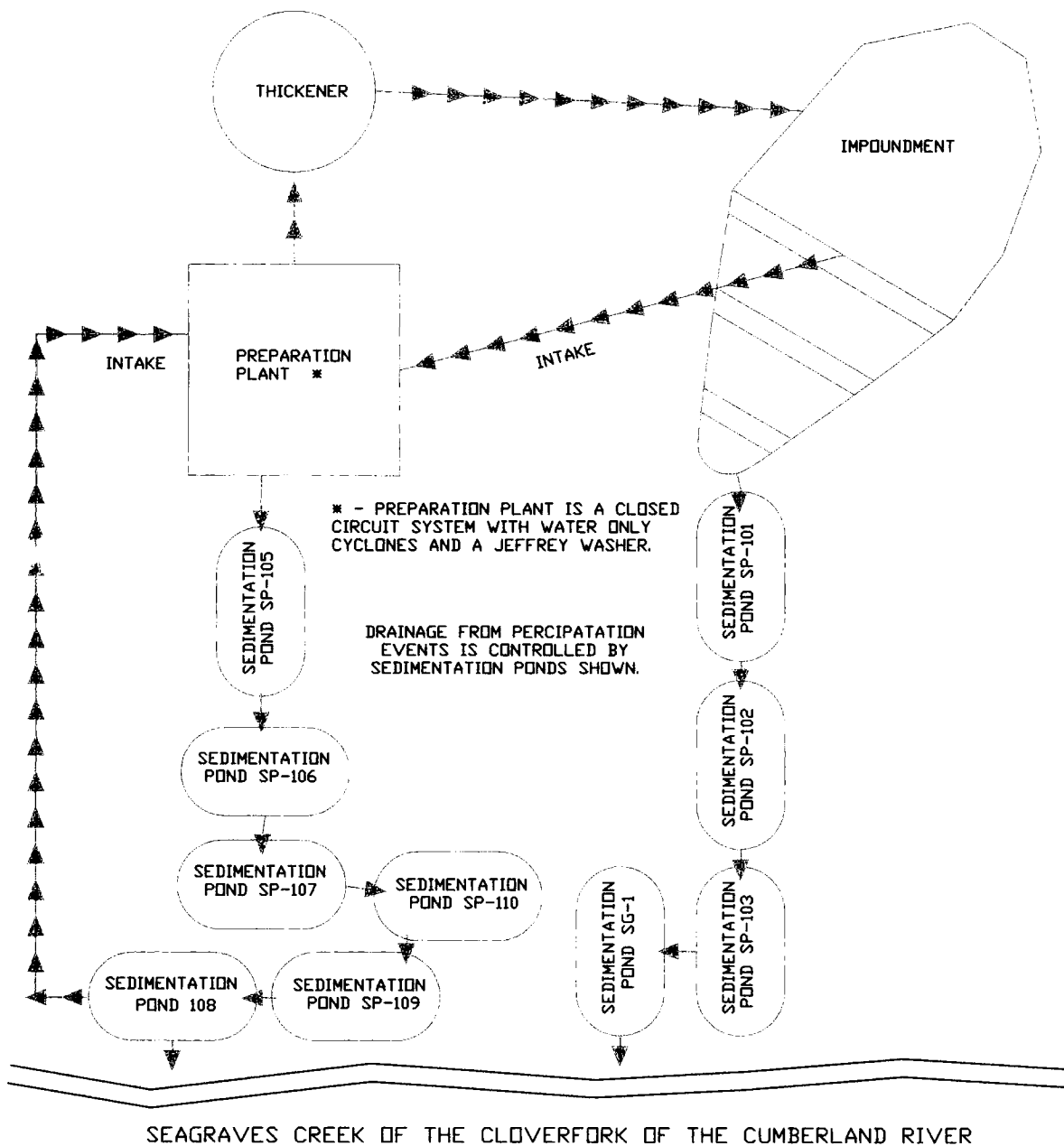
LOUELLEN QUADRANGLE

CERTIFICATION

William R. Palmer, 13754, 12-20-07

hereby certify, in accordance with 405 KAR 7:040, Section 10, that this document is correct as determined by accepted engineering practices and includes all information required of it by KRS Chapter 350 and KAR Title 405.





COMPANY: HARLAN-CUMBERLAND COAL COMPANY, LLC. ADDRESS GENERAL DELIVERY, US 421 SOUTH, GRAYS KNOB, KY 40829

COUNTY HARLAN NEAREST STREAM SEAGRAVES CREEK QUADRANGLE LOUELLEN

NPDES NO: KY0021539 DSMRE NO: 848-8071 OTHER: N/A

KPDES POINTS: SG-1 108

NEW ☐ REISSUANCE OF PERMIT ☒ CONSTRUCTION ☐

I, HEREBY CERTIFY THAT THE ABOVE PLAT IS ACCURATE AND CORRECT AND SATISFIES THE REQUIREMENTS OF 805 KAR 1.030 TO THE BEST OF MY KNOWLEDGE AND BELIEF.

William R. Palmer 137841
SIGNATURE REGISTRATION NOS.
Mike Palmer 7/15/04 12-20-07
NAME DATE

